DOCUMENT RESUME

ED 310 678 HE 022 783

AUTHOR Tishler, J. Ward
TITLE Health Lifestyle Analysis of Faculty Staff and Employees at the University of Montevallo in 1982 to 1988.
PUB DATE 11 Nov 88
NOTE 16p.; Presented at the Annual Meeting of the Mid-South Educational Research Association (Louisville, KY, November 8-11, 1988).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Behavior; College Faculty; Health Activities; *Health Promotion; Higher Education; Individual Development; Institutional Personnel; *Life Style; Physical Education; Prevention; Preventive Medicine; Professional Development; Values; *Well Being
IDENTIFIERS University of Montevallo AL

ABSTRACT

Changes were studied in the health lifestyle of university personnel involved in a program of health promotion and wellness between 1982 and 1988. Data were collected via a survey at the University of Montevallo in Alabama. Questions were asked on personal characteristics (e.g. gender, age, height, and marital status), professional characteristics (position and professional area), dietary habits, exercise, health programs (e.g., blood pressure management and weight control), and health hazards (e.g., seat belt use and knowledge of CPR). Results indicate: as a group, there have been major positive health lifestyle changes (evidenced by decreases in personal and family medical problems and the stressful personality traits of individuals); most do not take any prescribed medicine and feel optimistic about the future; there has been a decrease in alcohol and smoking; and a substantial number wear seatbelts. There were some negative influences. For example, changes were reported for ongoing stressful situations with increases in financial problems and pressures at work. A large percent reported that they had medical problems treated during the past 3 years and that they felt their general health was not as good now as it was in 1982. Overall, the study confirms the assumption that this group has a good knowledge of health practices which can improve lifestyle. Still, results indicate some apathy and loss of interest in the lifelong effort to maintain an optimal healthy lifestyle. Tables are included. Contains 4 references. (SM)

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HEALTH LIFESTYLE ANALYSIS OF FACULTY STAFF AND EMPLOYEES AT THE UNIVERSITY OF MONTEVALLO IN 1982 TO 1988

J Ward Tishler
University of Montevallo
Health, Physical Education and Recreation Department

Presented at the Annual Meeting of the Mid-South Educational Research Association
November 8-11, 1988, Louisville, Kentucky

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Introduction and Background of Study

According to a recent article in Time Magazine, "Americans spent half a trillion public and private dollars on health care last year. Costs are sky rocketing at a yearly rate of 8.5%, more than double that of inflation and faster than in any other segment of the federal budget. By 1990 health-care costs will consume more than 12% of the nations GNP, further draining resources from defense, education and other vital federal programs" (Gup, 1988).

Health prevention and wellness in the work place has become an effective intervention in cost containment for medical and health care expenses. In a national survey conducted by the U.S. Department of Health and Human Services reporting on the extent and benefits of worksite health promotion programs, it was reported, that, "Most respondents (81.3%) indicated that they were either extremely or moderately concerned with health care cost management, and most respondents with health promotive activities believed the benefits of their efforts outweighed the costs" ("National Survey", 1985). Therefore, an increasing number of corporations and businesses have found it to be cost effective to establish health promotion programs in the work place. This has also been true for colleges and universities. It has become increasingly evident that institutions of higher education have discovered that significant dollars can be saved when health promotion programs were provided for faculty and staff as well as for students. What better environment and opportunity (as well as utilization of available resources) than a university campus for the development and maintenance of a healthy lifestyle?

In a report taken from a survey of wellness programs at four-year public and private institutions published in 1987 it was reported that,...wellness continues to be a strong area of interest on university campuses. The wellness phenomenon also appears to be more than a "fad." Its position...can continue to be enhanced by the...application of wellness principles for students, faculty, and staff throughout the university and college community"(Emmerling & Elsenrath, 1987).

During the fall of 1979 the University of Montevallo implimented a program of health promotion and wellness designed to encourage voluntary participation of all faculty, staff and maintenance personnel. Health information and classes were offered in exercise fitness, nutrition, weight control, and stress management. All personnel were encouraged to wear seat restraints, eliminate use of tobacco, control weight, engage in daily vigorous exercise and participate in annual health lifestyle assessments. Health insurance credits were awarded by the business office to those individuals who maintained optimal body fat proportion, did not use tobacco and who wore seat restraints in vehicles. Periodic health fairs were arranged for the University and annual assessments were conducted for body fat content.

The following information was collected through a survey of University of Montevallo personnel. This survey, administered during the Spring of 1988 was mailed to 79 personnel who over the past six years had been involved with the health promotion and wellness program. In 1982 these individuals had completed a Health 80's Questionnaire, a lifestyle appraisal instrument marketed by Medical Datamation Incorporated ("Health 80's Questionnaire," 1980). The instrument used in the 1988 survey was adapted by the investigator from the Health 80's Questionnaire because the 1982 health 80's Questionnaire had been discontinued by MDI prior to the 1988 survey and no longer in print.

The major purpose of this study was to determine changes that have occurred in the health lifestyle of University personnel involved in a program of health promotion and wellness between 1982 and 1988. Upon completion of the questionnaire survey frequencies and percentages of responses to survey items were computed.

Results

Subjects

Responses were received from 58 individuals for a response rate of 73%. Table 1 reports the personal characteristics of respondents. The survey sample consisted of 53% females and 47% males. Ages ranged from 28 to 65 years with a mean of 47 years. Participants' heights ranged from 60 inches to 76 inches with a mean of 68 inches. Body weight ranged from 100 pounds to 265 pounds with an average of 185 pounds. Marital status of the group was 5% single, 83% married, 10% divorced, and 2% widowed. Racially the respondents were 97% white and 3% black. Table 2 reports participants' professional characteristics. Staff members were the most frequently represented group with 43%. The professional area with greatest representation was also staff (60%).

Table 1

Personal Characteristics

Personal Data		N	%
Gender			
	Male	27	47
	Female	31	53
Age	28-38	11	19
	39-46	17	29
	47-55	20	34
	56-65	10	17
Height			
	60-65	22	38
	66-71	23	40
	72-76	13	22
Weight			
	100-138	14	24
	139-168	11	19
	169-195	18	31
	196-265	14	24
Marital Status			
	Single	3	5
	Married	48	83
	Divorced	6	10
	Widowed	1	2
Race			
	Black	2	3
	White	56	97

Table 2

Professional Characteristics of Participants

Characteristics	N	%
Position		
Faculty	17	29
Administration	11	19
Staff	25	43
Maintenance	4	7
Custodial	1	2
Professional Area		
Arts & Sciences	12	21
Business	1	2
Education	6	10
Fine Arts	4	7
Staff	35	60

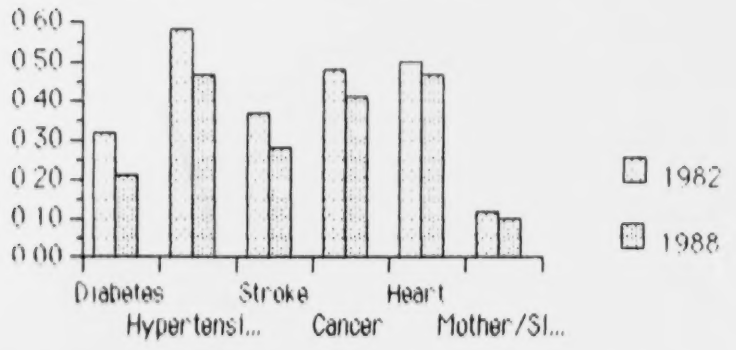
Participants were asked whether they had been diagnosed or treated for health problems in the last three years. Sixty one percent indicated they had. The types of medical problems and the percent experiencing these problems in 1982 and 1988 surveys are reported in Graph 1 .

Graph 1 - Personal Medical Problems

Data shown in this graph indicate that medical problems have decreased from 1982 to 1988. This was clearly evident in the question of obesity and heart diesease where decreases of 21% and 19% respectively is noted.

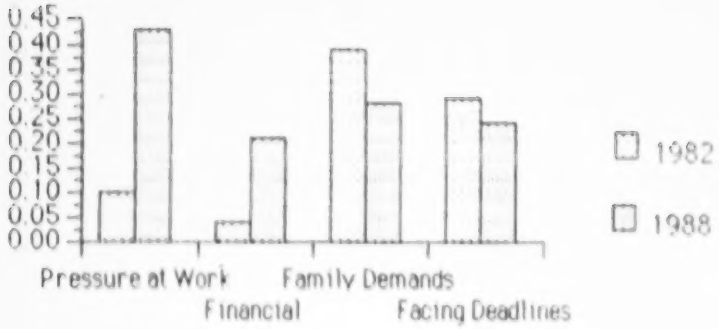
Graph 2 shows that there have been decreases in family medical problems of respondents. There was a decrease of 11% in diabetes and hypertension, of 9% in stroke and 7% in cancer.

Graph 2 - Family Medical Problems



In answer to a question regarding ongoing stressful situations that the individual often faces Graph 3 shows a mixed response.

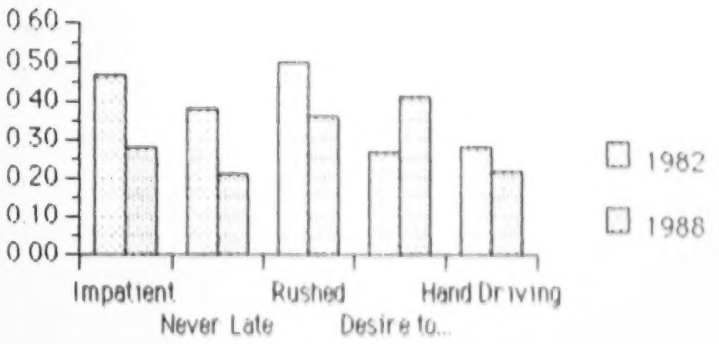
Graph 3 - Ongoing Stressful Situations



Major increases were indicated for pressure at work with an increase from 10% in 1982 to 43% in 1988 and for financial problems with 4% in 1982 up to 21% in 1988. Conversely, slight decreases were indicated in family demands which had a drop from 39% in 1982 to 28% in 1988.

Changes occurred in the stressful traits detrimental to health. For example in Graph 4 it can be seen that decreases occurred in a number of traits such as impatient, never late, and being rushed. The trait of being hard driving decreased only slightly. Notably the desire to achieve received a substantial increase.

Graph 4 - Stressful Traits



Responding to questions regarding dietary habits 60% considered themselves overweight. This can be compared to 46% who felt this way in 1982. These results are reflected in Table 3. Also shown in the table is the relatively large percentage who indicated they still do not know the difference between saturated and unsaturated fat.

Table 3

Dietary Habits

Characteristics	% 82	% 88
Consider yourself overweight	46	60
Know the difference between saturated and unsaturated fat	52	47

There seemed to be some difference between what people in the survey know about physical activity and exercise and what they do about these variables. This may be seen in Table 4. In 1988 when asked to judge the level of physical activity required by their jobs, 64% indicated low levels of activity, while 36% indicated moderate to heavy levels. A majority in 1988 (93%) said they knew the type of exercise that may help prevent heart disease. This is an improvement over 1982 when only 24% responded positively to this question. Similarly, in 1988, 78% stated that they did know how to take their pulse and were able to monitor the effect of exercise. Only 33% had indicated this in 1982. However, when asked if they get strenuous exercise, such as jogging for at least 20 minutes three times per week, only 31% responded affirmatively. This is compared to 67% in 1982. Thus, a major decrease in the number of individuals participating in vigorous exercise even though they indicated they had knowledge of the benefits of exercise.

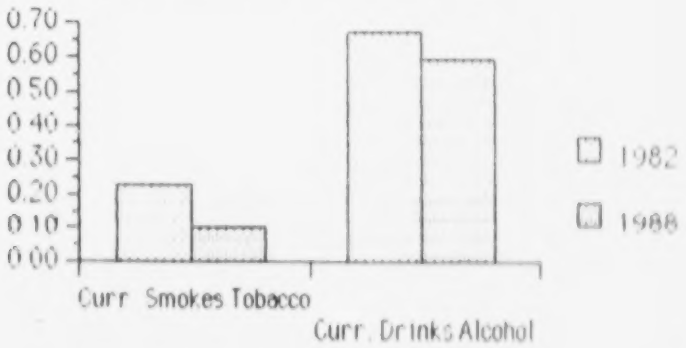
Table 4

Exercise

Characteristics	% 82	% 88
Physical activity levels required by job		
Low	73	64
Moderate to heavy		36
Exercise to prevent heart disease	24	93
Knows how to take pulse and monitor effects	33	78
Now gets strenuous exercise	67	31

The habits of smoking tobacco and alcohol use are reflected in Graph 5. Decreases are indicated for both of these substances. As can be seen in 1982 when 23% of the respondents said they smoked and 67% said they consumed alcohol. In 1988 small decreases were recorded in the use of these substances with only 10% reporting smoking and 59% using alcohol.

Graph 5 - Smoking Tobacco & Alcohol Habits



Survey respondents were asked if they would like to have health education courses or information made more available. Table 5 reflects the results.

Table 5

Health Programs on Information

Characteristics	% 82	% 86
Exercise and Fitness		
Program	65	28
Information	53	19
Blood Pressure Management		
Program	15	25
Information	0	75
Weight Control		
Program	35	17
Information	0	12
Stress Management		
Program	40	12
Information	0	16
General Health		
Program	27	3
Information	0	9
Nutrition		
Program	23	0
Information	0	0

This table reflects a shift toward less programming and a slight increase for information. This shift is most reflected in the area of blood pressure management where in 1982, 15% indicated a need for programs, and no responses for information The popular area of exercise and fitness chosen by 65% of the respondents for programing and 53% for information 1982 reflected a major decrease in 1988 with only 28% indicating for programming and 19% for information

Data from the survey confirmed that respondents had a high level of support for their health improvement efforts. Participants indicated that families (95%) and friends (95%) were their greatest sources of support and that the work place (81%) and community (79%) were ranked somewhat lower.

One of the major changes in lifestyle health occurred in the area of auto seat belt restraint usage. Table 6 shows that in 1982 only 10% of the respondents indicated that they wore their seat belt restraints, more than 75% of the time. In 1988 however, 79% indicated this response.

Table 6

Health Hazards

Characteristics	% 82	% 88
Seat Belt Restraint Use (75% or more of time)	10	79
Knows How to Swim	77	80
Knows CPR/Choking First Aid	27	32

There was slight change in the percentage of individuals who know how to swim with 77% in 1982 and only 80% in 1988. This was also indicated in the percentage of persons with a knowledge of cardio-pulmonary resucitation (CPR) and choking first aid. In 1982 only 27% indicated this knowledge and in 1988 this percent had only increased to 32%.

Conclusions

The results of this survey reveal that as a group there have been substantive positive health lifestyle changes from 1982 to 1988. This was evident in the decreases in personal and family medical problems and the stressful personality traits of individuals. Also, a majority indicated they did not take any prescribed medicine, felt optimistic about the future, and had a good knowledge about the benefits and healthful application of exercise. Indications are that there has been a decrease in alcohol and smoking tobacco consumption. A substantial number reported they had a strong support network for healthful lifestyle improvement from family, friends, community and place of work. Also, a substantial number wore auto seat restraints regularly.

However, there were lifestyle practices and indicators reported that may have a negative influence on the health of this group. Changes were reported for ongoing stressful situations with increases in financial problems and pressures at work. Slight decreases occurred in the stressors of meeting deadlines and family demands. A large percent of respondents reported that they had medical problems treated during the past three years, and that they felt their general health was not as good now as it was in 1982. This was especially true regarding physical health. A trend was noted of less interest in classes for fitness, weight control and stress management, but there was more interest in hypertension management information.

The responses in this study tend to confirm the assumption, that this group has a good knowledge of health practices necessary for the improvement of lifestyle. Considerable gains have been made in decreasing the incidence of medical problems, the use of hazardous substances, the development of personal safety awareness, and the establishment of a stronger positive support network.

Ambiguities, however, are evident in respondents perceptions of their ongoing physical and mental health and the decreasing need for health classes and even less interest in health information.

These results may indicate some apathy and loss of interest in the life long effort to maintain an optimal healthy lifestyle. As this group ages, the aging process may have a greater influence complicating previous successful lifestyle efforts for improvement. The need for continued support, fitness activities, incentives, and knowledge about the aging process may be needed to assure continued improvement.

References

Emmerling, D.A. & Elsenrath, D. (1987). A survey of wellness programs at four-year public and private institutions. Wellness Management, Vol. 3 (2).

Gup, T. (1988, October). Health Care. Beyond Bromides Time, 132 (18).

Health 80's questionnaire. (1980). Bellevue, Ohio. Medical Datamation Inc.

National survey of worksite health promotion activities. (1985). Washington, D.C.: Public Health Service, Office of Disease Prevention and Health Promotion.